



Roger Williams  
University

www.rwu.edu

# Registration Information

## ROGER WILLIAMS UNIVERSITY CE PROGRAM

### CONTACT INFORMATION:

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_

Primary Email: \_\_\_\_\_

### COURSE INFORMATION:

Course Name: \_\_\_\_\_

Course Name: \_\_\_\_\_

Course Date:     /     /

Course Date:     /     /

Course Name: \_\_\_\_\_

Course Name: \_\_\_\_\_

Course Date:     /     /

Course Date:     /     /

Course Name: \_\_\_\_\_

Course Date:     /     /

### MAIL PAYMENT TO:

Continuing Studies

Roger Williams University

150 Washington Street

Providence, RI 02904

*Please make checks payable to Roger Williams University.*

*Walk-in payments are accepted.*

### WHY ARE YOU INTERESTED IN OUR PROGRAM? (Check any that apply)

- ☐ It will help with my current employment    ☐ For my own professional skill development  
☐ For my health and well-being    ☐ Fun  
☐ Other (Explain) \_\_\_\_\_

### HOW DID YOU HEAR OF OUR PROGRAM? (Check any that apply)

- ☐ Newspaper    ☐ Radio    ☐ TV    ☐ Flyer  
☐ Facebook    ☐ Twitter    ☐ E-mail    ☐ Previous Attendance  
☐ Personal Reference    ☐ Professional Reference

### I AM CURRENTLY: (Check one)

- ☐ Unemployed    ☐ Underemployed  
☐ Self-employed    ☐ Employed By: \_\_\_\_\_